

Primitive/Rustic Lodging - Standard No. XIX

FORM 10-619 (Rev 6/82)

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

ELEMENTS/CLASSIFICATION
Check (Box) in space provided - applicable elements (APP.)
Check (Box) in space provided - those which are deficient (DEF.)

Element A. FACILITY EXTERIOR				Element E. ACCOMMODATIONS			
		APP.	DEF.			APP.	DEF.
1.	Structure Condition (B)			19.	Unit Organization (C)		
2.	Grounds (B)			20.	Furniture and Furnishings (B)		
3.	Public Signs (C)			21.	Window Coverings (B)		
4.	Garbage and Trash (B)			22.	Floors, Walls, Ceilings & Windows (B)		
Element B. FACILITY INTERIOR				23.	Bedding (A)		
		APP.	DEF.	24.	Bed Condition (A)		
5.	Public Restrooms (A)			25.	Illumination (B/C)		
6.	Public Signs (C)			26.	Environment (B)		
7.	Public and Other Areas (B)			27.	Security (A)		
Element C. OPERATIONAL				28.	Utilities and Appliances (A)		
		APP.	DEF.	Element F. BATHROOMS		APP.	DEF.
8.	Public Performance (A)			29.	Linen (A)		
9.	Employee Attitude (A)			30.	Soap (B)		
10.	Employee Appearance (A)			31.	Toilet Tissue (B)		
11.	Operating Hours (B)			32.	Wastebaskets (C)		
12.	Staffing (A)			33.	Drinking Containers (B)		
13.	Reservation and Deposit Refund (B)			34.	Shower Enclosures (B)		
14.	Accommodation Availability (B)			35.	Tub/Shower (A)		
15.	Identification of Area (C)			36.	Fixtures (A)		
16.	Information Material (C)			37.	Environment (A)		
Element D. RATES				Element G. OTHER			
		APP.	DEF.			APP.	DEF.
17.	Authorized Rates (A)			38.	Vending (B)		
18.	Posting of Rates (B)			39.	Beverage Container Guidelines (B)		

[illegible]

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C			
				Preliminary		
FOLLOW-UP						
				Final		

REMARKS :